



Lake Merritt Boating/Jack London Aquatic Centers  
 568 Bellevue Ave  
 Oakland, CA 94610  
 Phone: 510-238-2196 Fax: 510-238-7199  
 www.sailoakland.com

**Activity Registration Form**  
 (Please print and use black or blue ink only)

**1. ACTIVITY INFORMATION**

Today's Date \_\_\_\_\_

Activity Name / Course ID	Activity Location	Activity Date	Alternate Activity Date	Fee Amount

Direct Scholarship and Financial Assistance questions to Recreation Site Director.

**Grand Total:**

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**2. ENROLLEE INFORMATION**  Female  Male  Non-Binary  Child  Teen  Adult  Senior

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apt City State Zip

Phones \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Race/Ethnicity:  African-American/Black  American Indian/Alaskan Native  Asian/Asian-American  
 Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Multi-Racial

**3. PARENT / PRIMARY CARETAKER (For children under the age of 18)**  Female  Male  Non-Binary

Parent/Guardian Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apt City State Zip

Phones \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone Work Phone Cell Phone

Birth Date \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 (required for account set-up)

Race/Ethnicity:  African-American/Black  American Indian/Alaskan Native  Asian/Asian-American  
 Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Multi-Racial

**4. MEDICAL INFORMATION (for Enrollee)**

Doctor \_\_\_\_\_ Clinic/Office Phones \_\_\_\_\_  
Doctor Clinic After Hours

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Please explain medical or special needs:  Allergy  Medications  Physical Limitations  Diet Restrictions

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